RECEIVED FEDERAL ELECTION REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee (Summary Page)

200 MAR 20 P 3/38

ADDRESS (number and street) Check if different than previously reported. 111 C STREET, SE CITY, STATE and ZIP CODE WASHINGTON, D. C. 20003 4. TYPE OF REPORT Monthly Report Due On: April 15 Quarterty Report March 20 July 20 November 20 December 20 December 20 January 31 May 20 September 20 January 31
CITY, STATE and ZIP CODE WASHINGTON, D.C. 20003 4. TYPE OF REPORT Monthly Report Due On: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report May 20 September 20 January 31
#ASHTRETON, D.C. 20003 4. TYPE OF REPORT Monthly Report Due On: April 15 Quarterly Report Pebruary 20 June 20 October 20 November 20 April 20 December 20 December 20 December 20 December 20 January 31
#ASBTRGTON, D.C. 20003 4. TYPE OF REPORT Monthly Report Due On: April 15 Quarterly Report February 20 June 20 October 20 July 15 Quarterly Report March 20 July 20 November 20 October 15 Quarterly Report May 20 September 20 January 31
A. TYPE OF REPORT Monthly Report Due On: April 15 Quarterly Report February 20 June 20 October 20 July 15 Quarterly Report March 20 July 20 November 20 October 15 Quarterly Report May 20 September 20 January 31
Monthly Report Due On: April 15 Quarterly Report
(a) April 15 Quarterly Report February 20
July 15 Quarterly Report February 20 July 20 November 20 July 15 Quarterly Report March 20 August 20 December 20 October 15 Quarterly Report May 20 September 20 January 31
☐ April 20 ☐ August 20 ☐ December 20 ☐ Cotober 15 Quarterly Report ☐ May 20 ☐ September 20 ☐ January 31
The second of the Fold Broad
January 31 Year End Report Twelfth day report preceding
July 31 Next-Year Report (Non-election Year Only) Indicator of the State of
election on in the State of
Thirtieth day report following the General Election
Termination Report in the State of
(b) Is this Report an Amendment? [] Yes No
SUMMARY COLUMN A COLUMN B This Period Calendar Year-to-do
5. Covering Period 62/01/00 through 02/29/00
6. (a) Cash on Hand January 1, 19 00 \$106500.00
(b) Cash on Hand at Beginning of Reporting Period\$52379.94 第二章 图 第二章
(c) Total Receipts (from Line 19) \$60300.00 \$71550.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and \$112679.84 \$176050.00
Lines 6(a) and 6(c) for Column B) \$25021.50 \$80381.56
7. Total Diebursements (from Line 30) \$25021.50 \$80381.56
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7. Total Diebursements (from Line 30) \$25021.50 \$80381.56 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) \$37658.44 \$87658.44 9. Debts and Obligations Owed. TO the Committee (ltemize all on Schedule C and/or Schedule D) Federal Election Commitse \$99 E Street, NW
7. Total Diebursaments (from Line 30) \$29021.50 \$80381.56 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) \$87658.44 \$87658.44 9. Debts and Obligations Owed. TO the Committee \$0 For further information of Federal Election Commitse \$0 Peters and Obligations Owed. BY the Committee \$0 \$99 E Street, NY
7. Total Disbursements (from Line 30) \$25021.50 \$80381.56 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) \$87658.44 \$87658.44 9. Debts and Obligations Owed. TO the Committee (literalize all on Schedule C and/or Schedule D) Federal Election Commitse (Iteralize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed. BY the Committee (Iteralize all on Schedule C and/or Schedule D) 1 certify that I have examined this Report and to the book of my knowledge and to the best of my knowledge and belief it is frue, correct and complete. Type or Print Name of Treasurer
7. Total Disbursements (from Line 30) 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) 9. Debts and Obligations Owed. TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed. BY the Committee (Itemize all on Schedule C and/or Schedule D) 1 Certify that I have examined this Report and to the boot of my knowledge and to the best of my knowledge and belief if is face, correct and complete. Type or Print Name of Treasurer BRICE A: CATES Signature of Treasurer Date Date
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